LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Instructions

Print in ink or type.

 Complete form and return with \$110 registration for to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or

(800) 842-6630.

Initial registrations must be submitted within 5 days of (1) employment as a hobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

I. NAME Bidalco MI Last itāli7. 225-927-0160 2. BUSINESSPHONE Area Code and Phone Number 70808 Baton Rouge, LA 3. BUSINESS ADDRESS 4637 Jamestown Ave. Street and No. State MAILING ADDRESS Street and No. City State Zip Health Associates, LLC 4. EMPLOYER

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

State

Zip

City

d) whether or not the client or someone else pays you to lobby.

1. Name — Louisiana Association of Substance Abuse Counselors√

Address P.O. Box 80235 Baton Rouge, LA 70898

Business or purpose Professional Trade Organization

Does this person pay you? Yes

FOR OFFICE USE ONLY
POSTMARK DATE: DIJ31/05
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Lobbyist's Registration Number

\$110.00WX

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EMPLOYER'S ADDRESS.

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Lobbyist's Registration Number

2.	Name Choices of Louisiana /
	Address 141 Woodland Dr. LaPlace, LA 70068
	Susiness or purpose Methadone Rehabilitation Clinic
	Does this person pay you? Yes
	If No, who pays you?
3.	Name Louisian Association on Compulsive Cambling
	Address 2000 Fairfield Ave. Shreveport, IA 71104
	Business or purpose Professional Trade Organization
	Does this person pay you? Yes
	If No, who pays you?
4.	Name_Health Associates, LLC J
	Address 4637 Jamestown Ave. Baton Rouge, LA 70808
	Business or purpose Behavioral Healtcare Organization
	Does this person pay you! Yes
	If No, who pays you?
	CENTRAL TION

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 400, Perv. 10/2002